

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091935, 545

FILING DATE

APPLICANT(S)

10-31-05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		2				
4	1					
5		1				
6	1		1			
7		1				
8		1				
9	1		1			
10	1		1			
11		1		1		
12		6		4		
13		6		4		
14				1		
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48						
49						
50						
TOTAL IND.	5		4			
TOTAL DEP.	19		12			
TOTAL CLAIMS	24		16			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS